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SARS Update: Guidance for Hawaii Clinicians

As of April 9, 2003, the Hawaii State Department of Health (DOH) has identified five persons who have met CDC criteria for suspected Severe Acute Respiratory Syndrome (SARS). None of the suspected illnesses have been confirmed as SARS however, and all the illnesses to date have been relatively mild (i.e. none have required mechanical ventilation and no deaths have resulted).

In other countries many of the SARS infections have been associated with healthcare settings, and in Hawaii, two of the suspected cases are healthcare workers. These individuals cared for a patient that had traveled to Hong Kong in February 2003 and they both experienced illness onset before the international outbreak of SARS was announced on March 16, 2003. We are encouraged by the fact that monitoring of other healthcare workers in the affected hospital has not identified subsequent suspect SARS-related illnesses. However, the SARS outbreak is ongoing and it is imperative that we do all we can to prevent SARS from becoming established in Hawaii.

The cornerstone of efforts to control the worldwide outbreak is early detection and isolation of possible SARS cases. Frontline clinicians clearly have a critical role to play in these efforts.

While there is currently no evidence to suggest that Hawaii's residents and visitors are at increased risk of contracting SARS, travel to the affected parts of Asia is common among our population. In addition, acute respiratory infections are also a common reason for seeking medical care. Therefore it is likely you may be asked to evaluate patients who have symptoms of respiratory illness and a history of recent travel.

To assist in early identification and rapid isolation of any possible SARS cases the Department of Health (DOH) has prepared the following guidance for Hawaii clinicians:

1. **Healthcare providers should attempt to screen patients complaining of fever/chills or respiratory symptoms who are calling for office appointments or on presentation to an emergency department for**:
   - Travel to Mainland China, Hong Kong, Singapore or Hanoi, Vietnam, within 10 days of illness onset. OR

- Exposure to a known SARS case or to a person with a respiratory illness who traveled to any of the above areas.

(Please note that only the locations listed above are currently considered by CDC to pose a risk of exposure to SARS among travelers).

2. **If the travel/exposure history is positive, alert staff and make alternative arrangements to evaluate the patient (e.g. as in possible varicella cases):**
   - Interview and check temperature in the parking lot
   - See the patient at the end of office hours to reduce exposure to others
   - Use the back door entrance to the office
   - Place patient in an isolation room if available, or close the door
   - Place a surgical mask on the patient
   - All staff in contact with the patient should wear, if available, an N-95 mask (the ones worn for TB exposure), eye protection, gown, and gloves. Surgical masks can be worn if N-95 masks are not available.

3. **Determine if patient meets the criteria to be considered a "suspect" SARS case as established by CDC (must meet all criteria):**
   - Measured temperature greater or equal to 100.5^{O} F ($>38^{O}$ C)
   - Respiratory illness signs or symptoms present
   - Onset of symptoms after February 1, 2003 and **within 10 days** of any of the following:
     - Travel to SARS area: Mainland China, Hong Kong, Singapore, Hanoi, Vietnam, or
     - Close contact with a suspected SARS case, or
     - Close contact with a person with a respiratory illness who traveled to a SARS area.

     Travel includes transit in an airport in an area with documented or suspected community transmission of SARS.

     Close contact is defined as having cared for, having lived with, or having direct contact with respiratory secretions and/or body fluids of a patient known to be a suspect SARS case.

4. **If the patient meets the SARS case definition, continue isolation measures for all subsequent healthcare encounters with this patient until further details regarding the patient's illness are known. Use a negative pressure room if available.**

5. **If the suspected case needs hospital admission to care for their illness:**
   - **Alert the hospital Infection Control Officer** of suspected SARS patient
   - **Alert ambulance personnel** prior to pick up, if needed for transport
   - **Alert DOH** (808-586-4586)—Disease Investigations Branch. After hours and weekend contact can be made through the Physicians Exchange 808-566-5049.
   - **Order the following initial tests** to rule out other etiologies and to collect specimens for CDC **prior** to initiation of antibiotics or antivirals:
     - CBC, chest x-ray, pulse oximetry, blood cultures x 2, sputum gram stain and culture, nasopharyngeal (NP) swabs for viral respiratory cultures, rapid influenza test, respiratory syncytial virus rapid test, strep throat screen
     - Also obtain for subsequent CDC testing to be arranged through the Hawaii State Laboratory: 3 tubes of blood (a purple, green, and red or zebra SST topped tube), NP swab x 2, NP aspirate and wash, oropharyngeal swab x 2, urine specimen. If available, obtain specimens of tracheal aspirate, pleural tap, or bronchial lavage.

- **Obtain consultation with an Infectious Disease specialist** to assist with diagnosis and management.
- As there is no specific treatment for SARS at present, **manage the patient as you would for a presumptive diagnosis of community-acquired pneumonia.**

6. **If a suspect case does not require admission to the hospital, inform the patient that they are restricted to home (no work, childcare or school attendance) until directed otherwise by you or the DOH.** Before the patient leaves the office or ED, report the suspected case to DOH (808-586-4586) for additional instructions on lab testing, follow up of close contacts, and infection control procedures. After hours and weekend contact can be made through the Physicians Exchange 808-566-5049. In most circumstances outpatient evaluations should include:
    - CBC, sputum gram stain and culture, nasopharyngeal (NP) swabs for viral respiratory cultures, rapid influenza test, respiratory syncytial virus rapid test, strep throat screen performed locally
    - 3 tubes of blood (a purple, green, and red or zebra topped tube), NP swab x 2, oropharyngeal swab x 2, for subsequent CDC testing
    - A chest x-ray if respiratory symptoms are significant

7. **Designate someone (Infection Control Officer, office manager, head nurse) to provide a list of the patient's household members as well as the healthcare workers who directly cared for the patient to DOH as soon as possible.** These people will be contacted by DOH and monitored for subsequent respiratory illness. To the extent possible, try to determine if the healthcare workers caring for the patient were wearing masks, gloves, gowns and eye protection during their exposures to the patient.

8. **No documented transmission of SARS has occurred in non-exposed healthcare workers, patients, and visitors to medical facilities, however, these individuals should be identified in the event that they develop symptoms during the next 10 days.**

9. **Provide appropriate guidance for the close contacts of suspected SARS cases:**
    - **Quarantine of well persons exposed to a suspected SARS case is not recommended by CDC.** Non-ill SARS suspect contacts do not need to be quarantined or restricted from work or school activities.
    - In addition, there are no current work or school restrictions for well persons who recently returned from an area where SARS transmission has been reported (i.e. Hong Kong, China, Singapore, and Hanoi, Vietnam). **Non-ill travelers to these areas should NOT be sent to physicians for medical clearance.** Instead, the traveler should contact their physician and/or DOH (808-586-4586) if symptoms of respiratory illness develop within 10 days of travel to one of the above locations.

The Centers for Disease Control and Prevention has identified a new type of coronavirus as a possible cause of SARS. No test is yet available for SARS; however, two research tests to detect antibodies to the new virus are showing promise. The April 4, 2003 issue of the MMWR at www.cdc.gov/mmwr is an excellent summary of what is known to date.

Information about the diagnosis and management of SARS may advance quickly in the coming days and weeks. DOH staff members are in close contact with our CDC counterparts and will endeavor to keep you informed of any new developments. In addition, up-to-date information can be obtained directly from the following sources:

- CDC website at www.cdc.gov/ncidod/sars (This site provides comprehensive information about all aspects of SARS)
- CDC Clinician Hotline at 1-888-488-7100 (For specific patient care guidance)
- CDC public hotline 1-888-246-2675 (for patient/public inquiries)

In closing, DOH recognizes that many of the respiratory illnesses seen among travelers to SARS-affected areas of the world will be caused by more routine respiratory pathogens – i.e. ultimately not related to the SARS outbreak. However, in the absence of definitive diagnostic tests for SARS, we urge you to make a concerted effort to rapidly identify any potential SARS illnesses among the patients you treat and to implement effective, appropriate infection control measures at the first available opportunity.

Please do not hesitate to contact the Disease Investigations Branch with any questions or concerns about SARS. Thank you for your continued assistance.

Sincerely,

Paul Effler, MD, MPH
State Epidemiologist